Exhibit 10

I, Beth Neary, declare as follows:

- I am a resident of the State of California. I have personal knowledge of the facts set forth in this declaration and, if called as a witness, could and would testify competently to the matters set forth below.
- 2. I am the Assistant Director of HIV Health Services at the San Francisco Department of Public Health (SFDPH). HIV Health Services administers funds received by the San Francisco Community Clinic Consortium from the Healthcare for the Homeless federal grant. Before becoming the Assistant Director of HIV Health Services, I was the staff member principally responsible for the Healthcare for the Homeless grant.
- 3. San Francisco receives funds from the Healthcare for the Homeless grant indirectly as a sub-recipient from the federal Department of Health and Human Services Health Resources and Services Administration (HRSA) via the San Francisco Community Clinic Consortium (SFCCC). SFCCC receives approximately \$8 million per year under this grant and distributes approximately \$1.25 million of that funding to San Francisco.
- 4. San Francisco has more than 30 sites where people experiencing homelessness can receive care, including care in many different settings and neighborhoods, regardless of insurance status. Healthcare for the Homeless grant funding supports clinical staff, social work personnel, nursing staff, and dentists who provide medical and dental care to people experiencing homelessness as broadly defined by HRSA.
- San Francisco is currently serving approximately 9,000 patients who fit HRSA's definition of experiencing homelessness.
- 6. Requiring citizenship or immigration status verification at clinical sites will create a barrier to access and engagement with the populations we serve, including citizens and immigrants with legal status experiencing homelessness. Individuals experiencing homelessness periodically lack identity and other documents that would be needed to verify their citizenship or immigration status due to frequent moves and greater risk of theft of their belongings. A portion of the population we serve also experience mental health and/or substance use-related challenges that can further exacerbate any efforts to secure and bring necessary documents. Turning individuals away from the healthcare they

need due to a need to collect additional documentation risks their not returning, and turning away individuals in distress can be dangerous for those individuals and their community.

7. Finally, requiring SFDPH staff to verify citizenship or immigration status will impose a time and resource burden on the agency. Our staff has limited experience in this type of verification and imposing such a requirement will require extensive training so that eligible individuals are not inadvertently excluded. Such a requirement will also require the agency to expend time and resources to educate the public about this requirement so that the public understands what documentation they need to bring to establish eligibility for specific programs.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on July 18, 2025 at Santa Rosa, California.

